



All requests with the Chair and Dean/Director approval **MUST** be submitted 10 working days in advance of a deadline and the following items **MUST** be included with the request:

- 1) A brief description or abstract of the research being performed
- 2) Budget
- 3) Budget Justification

FOR ORSP/OCC USE ONLY

PROPOSAL LOG NUMBER

 Approved

 NOT Approved

PI (1)	PI Last Name		PI First Name		E-mail		
	Phone		Department				
	School/Unit						
PROPOSAL INFORMATION (2)	Project Title						
	Sponsor Name				RFA/RFP/Program Number		Due Date
	Sponsor Contact Last Name		Sponsor Contact First Name		E-mail		Phone
	Pre-award Administrator Last Name		Pre-award Administrator First Name		E-mail		Phone
ADMIN UNIT (3)	Post-award Administrator Last Name		Post-Award Administrator First Name		E-mail		Phone
	Administering Department				School/Unit		
	Project Start Date	Project End Date	Project Total Cost	Percentage IDC Requested	Min. Percentage IDC Required		
<input type="checkbox"/> Description of research attached		<input type="checkbox"/> Budget attached		<input type="checkbox"/> Budget justification attached			
JUSTIFICATION (4)	Reason why not paying indirect costs is in the best interests of the University. Please justify in the area provided below, if more space is required please attach an additional sheet.						
	<input type="checkbox"/> Conduct of this research or its results will directly promote the mission of the University						
	<input type="checkbox"/> Research results may directly reduce length of stay at patient care facilities / compassionate use						
	<input type="checkbox"/> Research results may involve a major therapeutic diagnostic preventative public health or scientific breakthrough						
	<input type="checkbox"/> Other						
SIGNATURES (5)	Required Signatures						
	Principal Investigator		Date	Dean/Chancellor (or designee)		Date	
	Department Chair/Head/Center Director/Provost		Date	ORED		Date	